

POSITION	ID NO.	DATE
CLASSIFIER	21	6/3/94
EXAMINER	300	6-7-94
TYPIST	231	6/7/94
VERIFIER	290	6-9-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	7/24/94 6/4/95
2	✓ =
3	✓ =
4	✓ =
5	✓ =
6	✓ =
7	✓ =
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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(LEFT INSIDE)